

**BOARD OF OUTFITTERS**  
STATE OF MONTANA  
PO Box 200513, 301 S Park-4th Floor  
Helena, Montana 59620-0513  
(406) 841-2373

**FOR OFFICE USE ONLY**

Check # \_\_\_\_\_  
Amount \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_

## OUTFITTER OPERATION PLAN

Complete this form by typing or printing all information applicable. Fill out and attach all required documents. Sign the form, retaining a copy for your files, attach the required fee and submit it to the Board office. The fee is: \$425.00 for a new license operation plan.

### I. OUTFITTER AND BUSINESS RELATIONSHIP

1. Provide the name of the licensed outfitter who will be performing the functions contained in this operation plan and the name of the business, if any, under which operations are conducted.

OUTFITTER \_\_\_\_\_  
BUSINESS \_\_\_\_\_

2. Provide the following information on your primary base of operation, which is the primary place at which you receive communication and maintain records.

MAILING ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUS. PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

3. Indicate whether the outfitting business is:  
Individually owned \_\_\_\_; Partnership \_\_\_\_; or Corporation \_\_\_\_.
4. Indicate one or more of the following as applicable:  
Outfitter is sole owner \_\_\_\_; Partial owner \_\_\_\_; No ownership interest \_\_\_\_; Manager \_\_\_\_;  
or employee or contractor \_\_\_\_.
5. If other than the outfitter, provide the name, address and phone number of the sole proprietor, the principal managing general partner or the principal corporate officer or director.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
*(City, State, Zip)*

6. If the business is a partnership or corporation, provide the names of the general partners or principal shareholders.

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

7. Provide the following information regarding required liability insurance and attach proof of insurance.

(a) policy owner \_\_\_\_\_  
(b) policy number \_\_\_\_\_  
(c) insurance company name \_\_\_\_\_  
(d) effective dates \_\_\_\_\_ to \_\_\_\_\_  
(e) name of insurance agent \_\_\_\_\_  
(f) agent phone number \_\_\_\_\_

**Outfitter Name:** \_\_\_\_\_

**Business Name:**

**License Number:**

**MARK HERE IF NOT APPLICABLE**

- | TYPE OF HUNTING         |       | TRANSPORTATION      |       | TYPE OF SERVICE   |       |
|-------------------------|-------|---------------------|-------|-------------------|-------|
| Early season big game   | _____ | Saddle/pack animals | _____ | Day use           | _____ |
| Regular season big game | _____ | Vehicle             | _____ | Overnight lodging | _____ |
| Late season big game    | _____ | Watercraft          | _____ | Overnight camping | _____ |
| Spring bear             | _____ | Aircraft            | _____ | Spike camps       | _____ |
| Small game              | _____ | Snowmobile          | _____ | Game retrieval    | _____ |
| Upland birds/waterfowl  | _____ |                     |       | Guide school      | _____ |
| Archery                 | _____ |                     |       | Other (Explain)   | _____ |
| Hunting with hounds     | _____ |                     |       |                   |       |

- (a) Identify each type of game hunted by species (e.g., elk, deer, bear, waterfowl) and provide the requested information applying to each. Use more than one line per type, if necessary. (Note: The number of trips per year multiplied by the number of maximum guests served at one time must agree with the proposed client numbers requested on the Net Client Hunting Use application.)
- (b) Attach a completed land use form (Form L-1) with permitting agency or landowner information for the land and water where operations are conducted.
- (c) Attach completed Net Client Hunting Use application.

[illegible]

III. FISHING OPERATIONS

MARK HERE IF NOT APPLICABLE \_\_\_\_\_

Outfitter Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
License Number: \_\_\_\_\_

1. Indicate the services provided in the fishing operation.

TYPE OF FISHING	TRANSPORTATION	TYPE OF SERVICE
Float fishing _____	Floating watercraft _____	Day use _____
Charter boat _____	Saddle/pack animals _____	Overnight lodging _____
Motor boat on rivers _____	Motorized watercraft _____	Overnight camping _____
Wade fishing _____	Vehicle _____	Drop camps _____
Backcountry floats _____	Snowmobile _____	Guide school _____
Backcountry wade _____	Aircraft _____	Other (Explain) _____
Float tubing _____		

2. Provide the following information for your fishing services.

- (a) Identify each river or lake fished and provide requested information applying to each. Use one line for each water, identifying the upper and lower-most access points by common bridge names and/or fishing access cites.
- (b) If operations are conducted on lands or waters where an agency permit is required, attach a copy of your current permit from that issuing agency. If operations are conducted on lands or waters privately owned attach a completed Land Use Approval Form. If no permit is required for the land and water accesses, indicate “public access site” under permitting agency/owner.

RIVER/LAKE FISHED	PORTION OF RIVER OR LAKE BEING FISHED	PERMITTING AGENCY/OWNER	AVERAGE LENGTH OF TRIP-DAYS	APPROX. # OF TRIPS PER YEAR	MAX # OF GUESTS SERVED @ ONE TIME	DAY USE, OVERNIGHT OR BOTH	TYPE OF LODGING PROVIDED

#### IV. EQUIPMENT AND INSPECTION

Provide the requested information for facilities, livestock, tack and equipment for overall outfitter operation. O/L stands for Owned/Leased; provide the number of each.

##### A. FACILITIES:

Lodges: Number of lodges: \_\_\_\_, # O/L \_\_/\_\_; rooms \_\_\_\_ and beds \_\_\_\_.

Are meals provided at the lodge? Yes \_\_\_\_ No \_\_\_\_.

List maximum number of guests that can be served at one time \_\_\_\_.

Cabins: Number of cabins \_\_\_\_, # O/L \_\_/\_\_.

Are they equipped with cooking facilities? Yes \_\_\_\_ No \_\_\_\_.

Maximum number of guests per cabin \_\_\_\_ List # of cook stoves \_\_\_\_ List # of heating stoves \_\_\_\_.

Tents: Number of tents: sleeping \_\_\_\_, # O/L \_\_/\_\_; cooking \_\_\_\_,

# O/L \_\_/\_\_; and tack tents \_\_\_\_, # O/L \_\_/\_\_. Food serving equipment for \_\_\_\_ number of

guests and employees. List # of cook stoves \_\_\_\_ List # of heating stoves \_\_\_\_.

##### B. FACILITY LOCATIONS

List the type of lodging, (i.e. motel, cabin, tent) along with the location (Township, Range, Section) of each lodge and/or camp and the purpose (i.e. hunting or fishing) for which it will be used while in operation.

TYPE	LOCATION (T,R,S)	PURPOSE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST ALL VEHICLES, BOATS, RAFTS, TRAILERS, CAMPING TRAILERS, AND OTHER LARGE EQUIPMENT BY THE CRITERIA LISTED BELOW AND CHECK EITHER OWNED OR LEASED:**

TYPE (I.E. TRUCK, BOAT)	MAKE	MODEL	YEAR	DESCRIPTION	O/L	FOR INSPECTION PURPOSES ONLY.	
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U
_____	_____	_____	_____	_____	_____	S	U

**FOR BOARD INSPECTION PURPOSES ONLY. WAS THERE SUFFICIENT LODGING AND EQUIPMENT TO SUPPLY THE NUMBER OF GUESTS LISTED? YES NO WHAT WAS THE CONDITION? SATISFACTORY UNSATISFACTORY. COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### IV. EQUIPMENT AND INSPECTION (CONTINUED)

Livestock:		Tack:		Boating Equipment:		List any additional equipment here:	
#	O/L	#	O/L	#	O/L		
Horses	— /	Riding Saddles	— /	Oars	— /	_____	
Mules	— /	Pack Saddles	— /	Life Jackets	— /	_____	
Other	— /	Panniers	— /	Pumps	— /	_____	
		Manties	— /	Paddles	— /	_____	
First Aid Kits:	# of kits:	Blankets, Pads	— /	Motors	— /	_____	
Type	_____	Bridles	— /	Fishing			
Type	_____	Halters	— /	Equipment	Yes No		
Type	_____	Harness	— /				

*THIS SECTION FOR INSPECTION PURPOSES ONLY.* WAS EQUIPMENT AND LIVESTOCK SUFFICIENT TO PERFORM THE SERVICES LISTED? YES NO. LIST ANY DEFICIENCIES AND COMMENTS: \_\_\_\_\_

LIST ANY ADDITIONAL EQUIPMENT THAT NEEDS TO BE ADDED TO THE OPERATIONS PLAN OR COMMENTS ABOUT THE INSPECTION: \_\_\_\_\_

ON THE BASIS OF THE GENERAL APPEARANCE OF THE EQUIPMENT YOU INSPECTED, WOULD YOU SUGGEST THE BOARD OF OUTFITTERS ISSUE THE APPLICANT AN OUTFITTER'S LICENSE? YES NO

INSPECTION CHECKLIST:		<u>INITIAL</u>	<u>DATE</u>
	GENERAL INFORMATION VERIFIED	_____	_____
	INSURANCE VERIFIED	_____	_____
	LODGING AND EQUIPMENT VERIFIED	_____	_____
	AREA OF OPERATIONS VERIFIED	_____	_____
	PERMITS OR LEASES VERIFIED	_____	_____
(attach)	RATE SHEET AND DEPOSIT REFUND POLICY	_____	_____
	INDEPENDENT CONTRACTOR USE EXPLAINED	_____	_____
	SET-ASIDE LICENSE USE EXPLAINED	_____	_____
	OPERATION PLAN AMENDMENTS EXPLAINED	_____	_____
	CLIENT LOG COMPLETION EXPLAINED	_____	_____

INSPECTOR'S NAME: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

#### C. EMPLOYEE AND GENERAL INFORMATION

What is the average number of fishing guides you will hire each year?

What is the average number of hunting guides you will hire each year?

What is the average number of other employees you will hire each year?

Do you rent transportation or equipment from your employees? Yes \_\_\_ No

Do you rent from any other sources? Yes \_\_\_ No

#### D. ENCLOSE A COPY OF YOUR PROPOSED RATE SCHEDULE AND DEPOSIT REFUND POLICY [8.39.709(1)(f)]

## CERTIFICATION AND SIGNATURE

I hereby certify that the information provided is correct, the equipment listed is owned or leased by the outfitter or the business for which the outfitter's license is issued, is in good operating condition and is satisfactory for the services to be performed. I also certify that the authorized land use agency or land owner has issued permission approving use of the land or water for operations identified herein or that the agency or land owner has been contacted personally and an authorized response has been received approving the land or water use without written permission.

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*Signature of Outfitter & Date*

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*Signature of Sole Proprietor,  
General Partner or Corporate Officer*